

9187

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>FFA</u>	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u> REGISTERED NO. <u>29</u>			
TOWNSHIP <u>Yuma</u> OR VILLAGE <u>Yuma</u>				CITY <u>Yuma</u> NO. <u>5</u> WARD <u>5</u>			
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED <u>22</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
2. FULL NAME <u>Bailey Lynn Karp</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? <u>22</u> YRS. <u>0</u> MOS. <u>0</u> DS.			
(A) RESIDENCE: NO. <u>Yuma Arizona</u> ST. <u>ARIZONA</u>				(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)			
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Viola Karp</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 6 1887</u>							
7. AGE YEARS <u>50</u>		MONTHS <u>11</u>		DAYS <u>24</u>		IF LESS THAN 1 DAY, HRS. <u>0</u> OR MIN. <u>0</u>	
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.		Barber					
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		Proprietor					
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH, DAY, AND YEAR) <u>2/28/38</u>		11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>22</u> yrs.					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>McCondy, Miss.</u>							
13. NAME <u>Sidney Karp</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Unknown</u>							
15. MAIDEN NAME <u>unknown</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>unknown</u>							
17. INFORMANT (ADDRESS) <u>Mrs Viola Karp 328 6th Ave Yuma Ariz.</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Desert Lawn Memorial Park</u> DATE <u>3/2/38</u>							
19. EMBALMER (ADDRESS) <u>The Johnson Mortuary Yuma Arizona</u>		LICENSE NO. <u>19A</u> SIGNATURE <u>[Signature]</u>					
20. FILED <u>Mar. 2, 1938</u> REGISTRAR <u>Mary A. Whippleman</u> (ADDRESS) <u>Yuma Arizona</u>							
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1938</u>				22. I HEREBY CERTIFY THAT I ATTENDED DECEASED FROM <u>Feb. 28, 1938</u> TO <u>Feb. 28, 1938</u>			
I LAST SAW HIM ALIVE ON <u>Feb. 28, 1938</u>				DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>9:30 AM</u>			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:				DATE OF ONSET			
<u>Acute alcoholism</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE							
<u>Hypertension, Fatty degeneration Heart &amp; Liver, Sclerotic coronary vessels</u>							
NAME OF OPERATION <u>none</u> DATE OF <u>none</u>				WHAT TEST <u>Lab findings</u> WAS THERE AN AUTOPSY? <u>Yes</u>			
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? <u>none</u> DATE OF INJURY <u>none</u>							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE) <u>none</u>							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>none</u>							
MANNER OF INJURY <u>none</u>							
NATURE OF INJURY <u>none</u>							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>							
IF SO, SPECIFY <u>no</u> (SIGNED) <u>Arthur Eaton</u> M. D.							
(ADDRESS) <u>Yuma Arizona</u>							